# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

<b>DEBTOR(S):</b>	Jacob Pinson Chana Pinson	CASE NO.:
Pursuant to concerning Related	Local Bankruptcy Rule 1073-2 Cases, to the petitioner's best kr	2(b), the debtor (or any other petitioner) hereby makes the following disclosure nowledge, information and belief:
was pending at any t spouses or ex-spous partnership and one have, or within 180	time within eight years before thes; (iii) are affiliates, as defined or more of its general partners;	e purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) either of the Related Cases had, an interest in property that was or is included in the l.]
□ NO RELATED	CASE IS PENDING OR HAS I	BEEN PENDING AT ANY TIME.
■ THE FOLLOWI	NG RELATED CASE(S) IS PI	ENDING OR HAS BEEN PENDING:
		S. Stong DISTRICT/DIVISION:
	Emmons Sheepshead Bay Do	
CASE STILL PENI	DING (Y/N): Y	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	EDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRIC	Γ/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	ICH CASES ARE RELATED (	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	EDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRIC	Γ/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	
(Dischar	rged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOT)	E above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ('SCHEDULE "A" OF RELATED CASE:	'REAL PROPERTY") WHICH WAS ALSO LISTED IN
NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who has be eligible to be debtors. Such an individual will be required to f	have had prior cases dismissed within the preceding 180 days may not file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORN	JEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/	'N): <b>Y</b>
CERTIFICATION (to be signed by pro se debtor/petitioner or de	ebtor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy case as indicated elsewhere on this form.	is not related to any case now pending or pending at any time, except
/s/ Gregory M. Messer	
Gregory M. Messer GM-7539 Signature of Debtor's Attorney Gregory Messer 26 Court Street	Signature of Pro Se Debtor/Petitioner
Suite 2400 Brooklyn, NY 11242 718 858-1474 Fax:718 797-5360	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number  the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any ding without limitation conversion, the appointment of a trustee or the

dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009

B1 (Official Form 1)(04/13)												
	Un			Bankı trict of		Cour	t			Vol	untary	Petition
Name of Debtor (if individu Pinson, Jacob	ıal, enter La	st, First, I	Middle):				e of Joint Donson, Ch	ebtor (Spouse <b>ana</b>	e) (Last, First	, Middle):		
All Other Names used by the (include married, maiden, ar			years					used by the , , maiden, and			years	
Last four digits of Soc. Sec. (if more than one, state all)  xxx-xx-8104	or Individu	al-Taxpay	ver I.D. (I	TIN)/Com	plete EIN	(if mo	four digits of than one, state (x-xx-654)	e all)	r Individual-7	Гахрауег I.I	D. (ITIN) No	o./Complete EIN
Street Address of Debtor (N 1328 President Stree Brooklyn, NY		et, City, ar	nd State):		ZIP Coo	13 Br		f Joint Debtor lent Street IY		reet, City, a	nd State):	ZIP Code
					11213							11213
County of Residence or of the Kings	1					K	ngs	ence or of the	•			
Mailing Address of Debtor (	if different	from stree	et address	s):		Mail	ing Address	of Joint Debt	tor (if differe	nt from stre	et address):	
					ZIP Cod	le.						ZIP Code
					ZII Coc							Zii Code
Location of Principal Assets (if different from street addre		s Debtor										
Type of Del					of Busines	SS			of Bankrup			ch
■ Individual (includes Join See Exhibit D on page 2 of □ Corporation (includes LI □ Partnership □ Other (If debtor is not one check this box and state type	at Debtors) this form. LC and LLP of the above	entities,	Singlin 11 Railre Stock Comm	ch Care Buse e Asset Re U.S.C. § 1 oad cbroker modity Broting Bank	siness al Estate (01 (51B)		☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	ter 7 ter 9 ter 11 ter 12	of Cl	hapter 15 Po a Foreign I hapter 15 Po	etition for R Main Procee etition for R Nonmain Pro	eding ecognition
Chapter 15 D	ebtors		Other		4.57.45					e of Debts		
Country of debtor's center of m Each country in which a foreign by, regarding, or against debtor	n proceeding		Debto under	Tax-Exer (Check box or is a tax-ex Title 26 of (the Internal	, if applical empt orgar the United	ble) nization States	define	are primarily cod in 11 U.S.C. street by an indivioual, family, or	onsumer debts, § 101(8) as idual primarily	for		are primarily ess debts.
	Fee (Check	one box)				k one box:		•	oter 11 Debt			
Full Filing Fee attached  Filing Fee to be paid in instatatach signed application for debtor is unable to pay fee of Form 3A.  Filing Fee waiver requested attach signed application for	r the court's c except in insta	onsideratio allments. R o chapter 7	n certifyin ule 1006(b	g that the b). See Office  Is only). Mu	Chec	Debtor is not k if: Debtor's agare less than k all applicat A plan is be Acceptance	gregate nonco \$2,490,925 ( le boxes: ing filed with s of the plan v	amount subject	defined in 11 U ated debts (exc t to adjustment	J.S.C. § 101( cluding debts on 4/01/16 o	51D).  owed to inside and every three	ders or affiliates)  we years thereafter).  editors,
Statistical/Administrative I Debtor estimates that fur Debtor estimates that, after will be no funds av	nds will be a ter any exer	available f npt prope	rty is exc	luded and	administra	ereditors.				SPACE IS F	FOR COURT	USE ONLY
Estimated Number of Credit	0- 200		] ,000- ,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000				
	00,001 to \$50 00,000 to \$ mill	51 to	] 1,000,001 5 \$10 nillion	\$10,000,001 to \$50 million	\$50,000,00 to \$100 million	1 \$100,000,00 to \$500 million	5500,000,000 to \$1 billion	More than \$1 billion				
	00,001 to \$50 00,000 to \$ mill	51 to	] 1,000,001 0 \$10 nillion	\$10,000,001 to \$50 million	\$50,000,00 to \$100 million	1 \$100,000,00 to \$500 million	5500,000,000 to \$1 billion					

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Pinson, Jacob Pinson, Chana (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: **Emmons Sheepshead Bay Development, LLC** 12-46321 District: Relationship: Judge: Elizabeth S. Stong Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). and is requesting relief under chapter 11.) ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**B1** (Official Form 1)(04/13) Page 3 Name of Debtor(s): **Voluntary Petition** Pinson, Jacob Pinson, Chana (This page must be completed and filed in every case) **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. X /s/ Jacob Pinson Signature of Foreign Representative Signature of Debtor Jacob Pinson X /s/ Chana Pinson Printed Name of Foreign Representative Signature of Joint Debtor Chana Pinson Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer January 21, 2014 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney\* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services X /s/ Gregory M. Messer chargeable by bankruptcy petition preparers, I have given the debtor notice Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Gregory M. Messer GM-7539 Official Form 19 is attached. Printed Name of Attorney for Debtor(s) **Gregory Messer** Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name 26 Court Street **Suite 2400** Social-Security number (If the bankrutpcy petition preparer is not Brooklyn, NY 11242 an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition Address preparer.)(Required by 11 U.S.C. § 110.) 718 858-1474 Fax: 718 797-5360 Telephone Number January 21, 2014 Address Date \*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date Signature of Debtor (Corporation/Partnership) Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. assisted in preparing this document unless the bankruptcy petition preparer is The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition. Signature of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. Printed Name of Authorized Individual

Title of Authorized Individual

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in

fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

## United States Bankruptcy Court Eastern District of New York

Jacob Pinson In re Chana Pinson Case No.	
Debtor(s) Chapter <b>7</b>	

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Page 2
□ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable tatement.] [Must be accompanied by a motion for determination by the court.]  □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being weakless of the reasonable efforts to portion to in a credit counseling briefing in person by talenhouse or
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
☐ Active military duty in a military combat zone.
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling equirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: /s/ Jacob Pinson  Jacob Pinson
Date:

B 1D (Official Form 1, Exhibit D) (12/09)

## United States Bankruptcy Court Eastern District of New York

Jacob Pinson In re Chana Pinson Case No.	
Debtor(s) Chapter <b>7</b>	

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
statement.] [Must be accompanied by a motion for a Incapacity. (Defined in 11 U.S.C. § mental deficiency so as to be incapable of rea financial responsibilities.);	nseling briefing because of: [Check the applicable letermination by the court.] § 109(h)(4) as impaired by reason of mental illness or alizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being
• `	in a credit counseling briefing in person, by telephone, or
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Chana Pinson Chana Pinson
Date: January 21, 20	14

B 6 Summary (Official Form 6 - Summary) (12/13)

# **United States Bankruptcy Court Eastern District of New York**

In re	Jacob Pinson,		Case No.	
	Chana Pinson			
_		Debtors	Chapter	7

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	922,000.00		
B - Personal Property	Yes	4	24,450.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		9,222,363.51	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		7,185,854.27	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,600.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			9,371.79
Total Number of Sheets of ALL Schedu	ıles	18			
	To	otal Assets	946,450.00		
		١	Total Liabilities	16,408,217.78	

B 6 Summary (Official Form 6 - Summary) (12/13)

# **United States Bankruptcy Court Eastern District of New York**

Jacob Pinson, Chana Pinson		Case No.	
	Debtors	Chapter	7
STATISTICAL SUMMARY OF CERTAIN L If you are an individual debtor whose debts are primarily consumer a case under chapter 7, 11 or 13, you must report all information rec	debts, as defined in §		,
Check this box if you are an individual debtor whose debts are report any information here.  This information is for statistical purposes only under 28 U.S.C. Summarize the following types of liabilities, as reported in the S	re NOT primarily cons		equired to
Type of Liability	Amount		
Domestic Support Obligations (from Schedule E)			
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)			
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)			
Student Loan Obligations (from Schedule F)			
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E			
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)			
TOTAL			
State the following:			
Average Income (from Schedule I, Line 12)			
Average Expenses (from Schedule J, Line 22)			
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)			
State the following:			
Total from Schedule D, "UNSECURED PORTION, IF ANY" column			
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column			
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column			
4. Total from Schedule F			
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)			

Case 1-14-40212-ess Doc 1 Filed 01/21/14 Entered 01/21/14 08:46:23

In re	Jacob Pinson,	Case No.

Debtors

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

			Community	Claim or Exemption	
De	escription and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or	Current Value of Debtor's Interest in Property, without Deducting any Secured	Amount of Secured Claim

Sub-Total > 922,000.00 (Total of this page)

922,000.00

Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

B6A (Official Form 6A) (12/07)

B6B (Official Form 6B) (12/07)

In re	Jacob Pinson,	Case No.	
	Chana Pinson		

Debtors

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Joint, or	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	CASH ON HAND	J	150.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan,	CHASE CHECKING	J	100.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	CITIBANK CHECKING	J	100.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	HOUSEHOLD GOODS	J	2,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	BOOKS	J	1,500.00
6.	Wearing apparel.	CLOTHING	Н	800.00
		CLOTHING	W	1,200.00
7.	Furs and jewelry.	JEWELRY & FUR	W	2,500.00
		JEWELRY	J	600.00
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	FULL LIFE INSURANCE POLICY	Н	15,000.00
10.	Annuities. Itemize and name each issuer.	X		
		(То	Sub-Total of this page)	24,450.00

**3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Jacob Pinson,
	Chana Pinson

Case No.

### Debtors

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	DEF	NED BENEFIT PENSION PLAN	Н	Unknown
13.	Stock and interests in incorporated and unincorporated businesses.  Itemize.	Deits 7.1%	sch Plastic Co Inc	Н	0.00
	neimze.	Deits 3.5%	sch Plastic Co, Inc	W	0.00
		Deits	sch Family LLC	J	0.00
		Anna	ash Inc	J	0.00
		Rech 25%	novos Corp	Н	0.00
		Shal 3%	vah Partnership	Н	0.00
		Esso 12.3	lee Realty Corp %	W	0.00
		Deits	sch Int Sales Corp	J	0.00
		Yach 55%	ad Enterprises LLC	н	0.00
		Orar 6.2%	ge land Corp	н	0.00
		Willo	wbrook Venture Co.	J	0.00
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
			(To	Sub-Total of this page)	al > <b>0.00</b>

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Jacob Pinson,	Case No	
	Chana Pinson		

# Debtors

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, a property settlements to v debtor is or may be entit particulars.	which the			
18. Other liquidated debts o including tax refunds. G				
19. Equitable or future interestates, and rights or powexercisable for the benefit debtor other than those I Schedule A - Real Property	wers fit of the isted in			
<ol> <li>Contingent and noncont interests in estate of a de death benefit plan, life in policy, or trust.</li> </ol>	ecedent,			
21. Other contingent and un claims of every nature, i tax refunds, counterclair debtor, and rights to sete Give estimated value of	ncluding ns of the off claims.			
22. Patents, copyrights, and intellectual property. Giv particulars.				
23. Licenses, franchises, and general intangibles. Give particulars.				
24. Customer lists or other of containing personally id information (as defined § 101(41A)) provided to by individuals in connect obtaining a product or set the debtor primarily for family, or household put	entifiable in 11 U.S.C. the debtor tion with ervice from personal,			
25. Automobiles, trucks, tra- other vehicles and access	nors, and	Fusion ed)	J	0.00
26. Boats, motors, and access	ssories. X			
27. Aircraft and accessories	. <b>x</b>			
		(T.	Sub-Tota of this page)	al > 0.00

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Jacob Pinson,
	Chana Pinson

Case No.
----------

#### Debtors

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
28. Office equipment, furnishing supplies.	gs, and X			
29. Machinery, fixtures, equipm supplies used in business.	nent, and X			
30. Inventory.	x			
31. Animals.	x			
32. Crops - growing or harveste particulars.	d. Give <b>X</b>			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, as	nd feed. X			
35. Other personal property of a not already listed. Itemize.	nny kind X			

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 24,450.00 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re

Jacob Pinson, **Chana Pinson** 

Case No.
----------

Debtors

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand CASH ON HAND	Debtor & Creditor Law § 283(2)	150.00	150.00
Checking, Savings, or Other Financial Accounts, CCHASE CHECKING	ertificates of Deposit NYCPLR § 5205(a)(9)	100.00	100.00
CITIBANK CHECKING	NYCPLR § 5205(a)(9)	100.00	100.00
Household Goods and Furnishings HOUSEHOLD GOODS	NYCPLR § 5205(a)(5)	2,500.00	2,500.00
Books, Pictures and Other Art Objects; Collectibles BOOKS	NYCPLR § 5205(a)(2)	1,500.00	1,500.00
Wearing Apparel CLOTHING	NYCPLR § 5205(a)(5)	800.00	800.00
CLOTHING	NYCPLR § 5205(a)(5)	1,200.00	1,200.00
Furs and Jewelry JEWELRY & FUR	NYCPLR § 5205(a)(6)	2,500.00	2,500.00
JEWELRY	NYCPLR § 5205(a)(6)	600.00	600.00
Interests in Insurance Policies FULL LIFE INSURANCE POLICY	NY Ins. Law § 3212	15,000.00	15,000.00

24,450.00 24,450.00 Total:

B6D (Official Form 6D) (12/07)

In re	Jacob Pinson,		
	Chana Pinson		

Case No. \_\_\_\_\_

**Debtors** 

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	COXF_XGEZ	N L I Q U I D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 1061205264167  Americas Servicing Co P.o. Box 10328 Des Moines, IA 50306		J	Opened 10/01/03 Last Active 6/02/10  Real Estate Mortgage	Ť	A T E D			
Account No.  EK Development LLC 261 River Road Clifton, NJ 07014		J	Value \$ 922,000.00  Judgment May 16, 2013  Value \$ 0.00				565,495.00	0.00
Account No.  Fia Card Services 655 Papermill Road Brooklyn, NY 11213		J	Value \$ 0.00  2013  Judgment  Value \$ 922,000.00				6,125,265.00 29,063.51	6,125,265.00
Account No. 48040044  Ford Motor Credit Corporation Ford Motor Credit Po Box 6275 Dearborn, MI 48121		w	Opened 9/01/12 Last Active 10/21/13 Lease				2,540.00	2,540.00
continuation sheets attached		<u> </u>	0.00	Subt			6,722,363.51	6,127,805.00

 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

In re	Jacob Pinson, Chana Pinson	Case No	_
		Debtors	

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H	usband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	ŀ	U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			assignee of TD Bank Mortgage	]⊤	T E D			
SDF 17 EMMONS, LLC c/o Kriss & Fearstein 360 Lexington Avenue Suite 1200 New York, NY 10017		J	Value \$ 0.00				2,500,000.00	2,500,000.00
Account No.	╁	+	value \$ 0.00	┢	$\vdash$	Н	2,300,000.00	2,500,000.00
- Account 1 to			Value \$					
Account No.	t	t	, and ¢	H		Н		
			Value \$	-				
Account No.	t	$\dagger$	1	T	T	Н		
			Value \$					
Account No.						П		
			Value \$					
Sheet 1 of 1 continuation sheets atta	che	ed t	5		tota		2,500,000.00	2,500,000.00
Schedule of Creditors Holding Secured Claim			(Total of t	his	pag	ge)	2,000,000.00	
			(Report on Summary of So		Γota dule		9,222,363.51	8,627,805.00

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

total also on the Statistical Summary of Certain Elabilities and Related Data.
■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

**0** continuation sheets attached

B6E (Official Form 6E) (4/13)

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 1-14-40212-ess Doc 1 Filed 01/21/14 Entered 01/21/14 08:46:23

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

B6F (Official Form 6F) (12/07)

			1				
CREDITOR'S NAME,	C O D E B T	Н	usband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		C A H	CONSIDERATION FOR CLAIM. IF CLAIM	ONT LNGEN	QUL	SPUTED	AMOUNT OF CLAIM
Account No.			2005 Pending	T	T E D		
Albert Wilk d/b/a Wilk Real Estate 45 John Street, Suite 711 New York, NY 10038		J					Unknown
Account No. <b>3499907811802703</b>		$\perp$	Opened 11/01/04 Last Active 1/23/13	+			
American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355		Н	Credit Card				11,663.00
Account No. 4500660999921941			Opened 7/01/96 Last Active 2/13/12	+			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Bank Of America Po Box 982235 El Paso, TX 79998		J	Credit Card				
Account No. 4050860904586185	_		Opened \$125/02 Lept Active 1/10/05	_			28,575.00
Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410		н	Opened 6/25/03 Last Active 1/10/06 Credit Card				Unknown
continuation sheets attached	_		(Total of	Subt			40,238.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Jacob Pinson,	Case No.
	Chana Pinson	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

ODEDITODIS MANG	C O D E	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIM
Account No. 120017879768			Opened 6/01/12	7	D A T E		
Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237		w	Collection Attorney Mbna America N.A.		D		11,493.00
Account No. 8000291633004001	╁	H	2013	-		┢	,
CENTRAL CREDIT SERVICES POB 15118 Jacksonville, FL 32239		w	Service Rendered				789.27
Account No. <b>5401683027308607</b>	╁		Opened 7/29/06 Last Active 11/24/13				
Chase P.o. Box 15298 Wilmington, DE 19850		w	Credit Card				7,445.00
Account No.	╁		Judgment				<u>'</u>
E.K. Development, LLC Ballon StollBander & Nadler 729 Seventh Avenue New York, NY 10019		J					6,125,625.00
Account No. 998281	1		2010 - Present			T	
Fia Card Service, N.A. c/o Mullooly, Jeffery, Rooney & Flynn 6851 Jericho Tpke Ste 220 Syosset, NY 11791		w	Civil				0.00
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub			6,145,352.27

B6F (Official Form 6F) (12/07) - Cont.

In re	Jacob Pinson,	Case No.
_	Chana Pinson	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT		DISPUTED	AMOUNT OF CLAIM
Account No. 4479931009568288			Opened 4/01/08 Last Active 11/12/13	7	T	Ď	
GECRB/Banana Republic Attention: Bankruptcy Po Box 103104 Roswell, GA 30076		w	Credit Card		D		264.00
Account No. 650937/2013	T	T	2013	$\top$			
Steven Sisskind c/o Jack Hassid, Esq. 460 Park Avenue 10th Floor		J	Judgment				
New York, NY 10022							1,000,000.00
Account No.	-						
Account No.	_	<u> </u>		<u> </u>			
Sheet no. 2 of 2 sheets attached to Schedule of				Subt			1,000,264.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(Report on Summary of So		ota lule		7,185,854.27

Case 1-14-40212-ess Doc 1 Filed 01/21/14 Entered 01/21/14 08:46:23

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

B6G (Official Form 6G) (12/07)

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. B6H (Official Form 6H) (12/07)

In re

Jacob Pinson, Chana Pinson

Case No.		

Debtors

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

#### NAME AND ADDRESS OF CODEBTOR

White his had had held of coded for

Emmons Avenue Management, LLC 1328 President Street

Brooklyn, NY 11213

Emmons Avenue, LLC 1328 President Street Brooklyn, NY 11213

Emmons Sheepshead Bay Development, LLC 1328 President Street Brooklyn, NY 11213

#### NAME AND ADDRESS OF CREDITOR

Albert Wilk a/b/a Wilk Real Estate 45 John Street Suite 711 New York, NY 10038

Metropolitan Estates a/b/a Wilk Real Estate 45 John Street Suite 711 New York, NY 10038

Albert Wilk d/b/a Wilk Real Estate 45 John Street, Suite 711 New York, NY 10038

Fill	in this information to identify yo	ur case:							
Del	btor 1 Jacob Pi	nson			_				
_	btor 2 Chana Pi	nson			_				
Uni	ited States Bankruptcy Court for	the: EASTERN DISTRICT	OF NEW YORK		_				
	se number nown)		-			Check if this is:  An amended A supplemed 13 income a	J		chapter
0	fficial Form B 6I					MM / DD/ Y	YYY		
S	chedule I: Your Ir	come							12/13
sup spo atta	as complete and accurate as populying correct information. If you are separated and it is separated and it is separate sheet to this formation.  The complete and accurate as population as part and accurate sheet to this formation.	ou are married and not fili your spouse is not filing w m. On the top of any addit	ing jointly, and your rith you, do not inclu	spouse i	is livino mation	g with you, incl about your spo	ude informa ouse. If more	tion about space is	your needed,
1.	Fill in your employment	<del>////</del>							
	information.		Debtor 1				or non-filin	g spouse	
	If you have more than one job attach a separate page with information about additional	' Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			■ Employed □ Not employed  RETIRED			
	employers.	Occupation	RETIRED						
	Include part-time, seasonal, o self-employed work.	r Employer's name							
	Occupation may include stude or homemaker, if it applies.	ent Employer's address							
		How long employed t	there?						
Par	rt 2: Give Details About	Monthly Income							
	imate monthly income as of thuse unless you are separated.	e date you file this form. If	you have nothing to	report for	any line	e, write \$0 in the	space. Inclu	de your no	n-filing
•	ou or your non-filing spouse have re space, attach a separate shee		combine the information	on for all e	employe	ers for that perso	on the line	s below. If	you need
					Fo	or Debtor 1	For Debto non-filing		
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly of	vertime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Ac	d line 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form B 6I Schedule I: Your Income page 1

	otor 1 otor 2	Jacob Pinson Chana Pinson		Case	e number ( <i>if known</i> )				
				Fo	or Debtor 1	no	or Debtor 2 o		
	Cop	y line 4 here	4.	\$_	0.00	\$_		0.00	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	(	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_		0.00	
	5e.	Insurance	5e.	\$_	0.00	\$_		0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$_		0.00	
	5g.	Union dues	5g.	\$_	0.00	\$_		0.00	
	5h.	Other deductions. Specify:	5h.+	-	0.00	_		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$_		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$_		0.00	
8.	<b>List</b> 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends	8a. 8b.	\$_ \$	0.00	\$_ \$		0.00	
				Φ_	0.00	Φ_		0.00	
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security	8c. 8d. 8e.	\$_ \$_ \$_	0.00 0.00 0.00	\$_ \$_ \$		0.00 0.00 0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  SOCIAL SECURITY  Pension or retirement income	nce 8f. 8g.	\$_	2,100.00	\$_ \$_		0.00	
	8g. 8h.	Other monthly income. Specify:	og. 8h.+	φ_ \$	3,500.00 0.00			0.00 0.00	
	011.	Caner monany moomer opecary.		Ψ_	0.00	<u> </u>		<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	5,600.00	\$_		0.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$		5,600.00 + \$		0.00 =	\$ 5	,600.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-					·	,,000.00
11.	Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are notify:	our depen		•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Certies						5	5,600.00
							Co	mbine	d
13.	Do :	you expect an increase or decrease within the year after you file this for No.	m?						income
	_	Yes. Explain:							

15311	in this information to identify	None angai				
	in this information to identify	your case.				
Deb	otor 1 Jacob Pin	nson		Check	if this is:	
					amended filing	
	otor 2 Chana Pin	nson				post-petition chapter 13
(Sp	ouse, if filing)			exj	penses as of the follo	owing date:
Uni	ted States Bankruptcy Court f	or the: EASTERN DISTRICT OF NEW	YORK	N	MM / DD / YYYY	
Cas	e number			Пас	senarate filing for De	ebtor 2 because Debtor 2
(If l	known)				intains a separate ho	
O	fficial Form B 6J					
	chedule J: Your	– Expenses				12/1
		possible. If two married people are filing	g together, both are equa	ally respons	ible for supplying o	
info	ormation. If more space is ne	eded, attach another sheet to this form.				
(if l	known). Answer every questi	on.				
Part		sehold				
1.	Is this a joint case?					
	☐ No. Go to line 2.					
	■ Yes. Does Debtor 2 live	in a separate household?				
	■ No					
		ust file a separate Schedule J.				
	Tes. Dector 2 in	and the a separate senedate s.				
2.	Do you have dependents?	■ No				
	Do not list Debtor 1 and Debtor 2.	☐ Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents'	÷				□ No
	names.					☐ Yes
						□ No
						☐ Yes
						□ No
						☐ Yes
						□ No
						☐ Yes
3.	Do your expenses include	■ No				
	expenses of people other th					
	yourself and your depende	ents?				
Part		oing Monthly Expenses				
		ur bankruptcy filing date unless you are				
	enses as of a date after the b llicable date.	ankruptcy is filed. If this is a supplemen	tal <i>Schedule J</i> , check the	box at the	top of the form and	I fill in the
арр	meable date.					
		non-cash government assistance if you kned it on <i>Schedule I: Your Income</i> (Officia			Your expe	enses
4	The second of th	1	C**			
4.	and any rent for the ground	ship expenses for your residence. Include or lot.	e first mortgage payments	4. \$		6,201.79
	If not included in line 4:					_
	4a. Real estate taxes			4a. \$		0.00
		s's, or renter's insurance		4b. \$		0.00
		repair, and upkeep expenses		4c. \$		150.00
		ation or condominium dues		4d. \$		0.00
5	Additional mortgage navn	ents for your residence, such as home ea	uity loans	5 \$		0.00

btor 1	Jacob Pinson			
ebtor 2	Chana Pinson	Case num	ber (if known)	
T 14:12:	tion			
Utili 6a.	Electricity, heat, natural gas	6a.	\$	1,200.00
6b.	Water, sewer, garbage collection	6b.	·	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· -	0.00
6d.	Other. Specify: INTERNET/PHONE	6d.	\$	80.00
	I and housekeeping supplies	7.	\$	
			·	900.00
	dcare and children's education costs	8.	\$	0.00
	hing, laundry, and dry cleaning	9.	\$	250.00
	onal care products and services	10.	\$	0.00
	ical and dental expenses	11.	\$	150.00
	sportation. Include gas, maintenance, bus or train fare.	12	¢	340.00
	ot include car payments.	12.	\$	
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
. Chai	ritable contributions and religious donations	14.	\$	0.00
	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.	15-	¢	0.00
15a.		15a.	· -	0.00
15b.		15b.	·	0.00
15c.		15c.		0.00
15d.		15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec	•	16.	\$	0.00
	allment or lease payments:			
	1 7	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	· ·	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
3. Your	r payments of alimony, maintenance, and support that you did not report as ded	ucted		2.22
	your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.		0.00
Othe	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	er real property expenses not included in lines 4 or 5 of this form or on <i>Schedule</i>			
20a.	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
. Othe	er: Specify:	21.	+\$	0.00
	• •			
	r monthly expenses. Add lines 4 through 21.	22.	\$	9,371.79
	result is your monthly expenses.		-	_
3. Calc	ulate your monthly net income.			
23a.	10 /	23a.	· -	5,600.00
23b.	Copy your monthly expenses from line 22 above.	23b.	-\$	9,371.79
23c.		22	¢	-2 771 70
	The result is your <i>monthly net income</i> .	23c.	\$	-3,771.79
For ex	ou expect an increase or decrease in your expenses within the year after you file kample, do you expect to finish paying for your car loan within the year or do you expect your mortgage?		increase or decrease	e because of a modification to the to
$\square$ Y	es. Explain:			

B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court** Eastern District of New York

In re	Jacob Pinson Chana Pinson			Case No.					
			Debtor(s)	Chapter	7				
	DECLARATION CONCERNING DEBTOR'S SCHEDULES								
	DECLARATION UNDER I	PENALTY C	OF PERJURY BY INDIVI	DUAL DEE	STOR				
	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.								
Date	January 21, 2014	Signature	/s/ Jacob Pinson						
			Jacob Pinson Debtor						
Date	January 21, 2014	Signature	/s/ Chana Pinson Chana Pinson Joint Debtor						

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

### United States Bankruptcy Court Eastern District of New York

In re	Jacob Pinson Chana Pinson		Case No.	
		Debtor(s)	Chapter	7

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$0.00 2013 REAL ESTATE INCOME

\$-2,768,154.00 2012 EMPLOYMENT ( per tax return)

\$-2,827,014.00 2012 EMPLOYMENT

(per tax return)

2

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$25,400.00 2013 PENSION HUSBAND \$42,000.00 2013 SOCIAL SECURITY HUSAND

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR DATE OF PAYMENT AMOUNT PAID OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

FIA CARD SERVICES, N.A. -VS- CHANA PINSON

CIVIL

SUPREME COURT OF AGENCY

AND LOCATION

SUPREME COURT OF THE STATE OF PENDING

NEW YORK

COUNTY OF KINGS

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

**CAPTION OF SUIT** NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION E.K DEVELOPMENT, LLC -VS- JACOB PINSON CIVIL SUPREME COURT OF THE STATE OF **Judgment NEW YORK COUNTY OF KING** STEVEN SISSKIND -VS- JACOB PINSON SUPREME COURT OF THE STATE OF CIVIL **Judgment NEW YORK COUNTY OF NEW YORK PENDING** Metropolitan Estates, et Civil SUPREME COURT OF CITY OF NEW -vs- Emmons Avenue et YORK **COUNTY OF KING US NATIONAL BANK-VS-**CIVIL SUPREME COURT OF THE CITY NEW **PENDING** 

JACOB PINSON

YORK

COUNTY OF KINGS

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF

PROPERTY

### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT

CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

PROPERT

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

4

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gregory Messer 26 Court Street Suite 2400 Brooklyn, NY 11242 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR November, 2013 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$10.000.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

5

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE ENVIRONMENTAL LAW

6

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE ENVIRONMENTAL

NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

LAST FOUR DIGITS OF

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME  Deitsch Plastic Co.	SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN 06-0756000	ADDRESS 14 Frawell Street	NATURE OF BUSINESS Plastic Mfq	BEGINNING AND ENDING DATES 1957 - Present
Inc	00 070000	West Haven, CT 06516	i laotio iliig	1007 11000111
Deitsch Plastic Co. Inc	06-0756000	14 Farwell Stret West Haven, CT 06516	Plastic Mtg	1957-Present
Deitsch Family LLC	06-1567458	14 Farewell Street West Haven, CT 06516	Inactive	2004 - Present
Annash Inc	22-1912351	14 Farwell Street West Haven, CT 06516	Inactive	1970 - Present
Rechovos Corp	13-4293964	14 Farwell Street West Haven, CT 06516	Real Estate	1980 - Present
Shalvah Partnership	06-1032258	14 Farewell Street West Haven, CT 06516	Real Estate	1975 - Present
Essdee Realty Corp	06-0808405	14 Farewell Street West Haven, CT 06516	Real Estate	1975 - Present
Deitsch Int Sales Corp	30-0510290	14 Farwell Street West Haven, CT 06516	Inactive	1975 - Present
Yachad Enterprises LLC	45-0528617	1328 President St Brooklyn, NY 11213	Real Estate	1988 - Present
Orange Land Corp	20-0597894	107 S. High Street Suite 300 Columbus, OH 43215	Real Estate	
WilliowBrook Venture Co.	31-1251344	107 S. High Street Suite 300 Columbus, OH 43215	Inactive	1980 - Present

B7 (Official Form 7) (04/13)

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN

**ADDRESS** 

NATURE OF BUSINESS

**BEGINNING AND ENDING DATES** 

**Emmons** 

NAME

1328 President Street Brooklyn, NY 11213

**Real Estate** 

2002 - Present

**Sheepshead Bay** Development, LLC

> None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

**ADDRESS Annash Inc** 14 Farwell Street West Haven, CT 06516

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS ASHER LIEBLICH **565 MONTGOMEY STREET** Brooklyn, NY 11225

DATES SERVICES RENDERED

2011 -2013

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books None of account and records, or prepared a financial statement of the debtor.

**ADDRESS** DATES SERVICES RENDERED NAME

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

**ADDRESS** NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

B7 (Official Form 7) (04/13)

8

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** 

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

B7 (Official Form 7) (04/13)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <b>January 21, 2014</b>	Signature	/s/ Jacob Pinson Jacob Pinson Debtor
Date <b>January 21, 2014</b>	Signature	/s/ Chana Pinson
		Chana Pinson
		Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

# **United States Bankruptcy Court Eastern District of New York**

		Eastern Dist	rict of New York		
In re	Jacob Pinson Chana Pinson			Case No.	
111 10	Cilalia Filisoli		Debtor(s)	Chapter	7
	CHAPTER 7	' INDIVIDUAL DEBT	OR'S STATEMEN	T OF INTENT	TION
PART	A - Debts secured by proper property of the estate. Atta			eted for <b>EACH</b>	debt which is secured by
Prope	rty No. 1				
Credi -NON	tor's Name: E-		<b>Describe Property</b>	Securing Debt:	
	rty will be (check one): I Surrendered	☐ Retained			
	ining the property, I intend to (character I Redeem the property I Reaffirm the debt I Other. Explain		void lien using 11 U.S.	C. § 522(f)).	
	rty is (check one): l Claimed as Exempt		☐ Not claimed as ex	kempt	
	<b>B</b> - Personal property subject to additional pages if necessary.)	unexpired leases. (All thro	ee columns of Part B m	ust be completed	I for each unexpired lease.
Prope	rty No. 1				
Lesso:	r's Name: E-	Describe Leased P	roperty:	Lease will be U.S.C. § 365(	Assumed pursuant to 11 p)(2):
person	are under penalty of perjury the all property subject to an unex		y intention as to any p  /s/ Jacob Pinson  Jacob Pinson	roperty of my e	estate securing a debt and/or

Case 1-14-40212-ess Doc 1 Filed 01/21/14 Entered 01/21/14 08:46:23

# **United States Bankruptcy Court** Eastern District of New York

In		Jacob Pinson Chana Pinsor					Са	se No.		
						Debtor(s)	Ch	apter	7	
		DIS	CLO	SURE OF CO	)MPENSATI	ON OF ATTO	ORNEY FO	R DE	CBTOR(S)	
1.	comp	ensation paid to	o me v	(9(a) and Bankruptcy within one year before the debtor(s) in conter	e the filing of the p	etition in bankrupt	cy, or agreed to	be paid	to me, for service	
	]	For legal servic	es, I h	ave agreed to accept			\$ <u>_</u>		10,000.00	
	]	Prior to the filir	ng of t	his statement I have i	received		\$		10,000.00	
	]	Balance Due					\$		0.00	
2.	The s	source of the co	mpens	ation paid to me was	s:					
	ı	Debtor		Other (specify):						
3.	The s	source of compe	ensatio	n to be paid to me is	:					
	I	Debtor		Other (specify):						
4.	<b>■</b> I	have not agreed	d to sh	are the above-disclo	sed compensation	with any other pers	on unless they a	re meml	pers and associate	s of my law firm.
				the above-disclosed together with a list of						ny law firm. A
5.	In ret	turn for the abo	ve-dis	closed fee, I have ag	reed to render lega	l service for all asp	ects of the bank	ruptcy c	ase, including:	
	b. Pr	reparation and f	iling of f the d	financial situation, a of any petition, sched ebtor at the meeting eded]	lules, statement of	affairs and plan wh	ich may be requ	ired;	-	ankruptcy;
6.	By ag	greement with th	he deb	tor(s), the above-disc	closed fee does not	include the follow	ring service:			
					CERT	IFICATION				
this		ify that the fore uptcy proceeding		is a complete statem	ent of any agreeme	ent or arrangement	for payment to r	ne for re	presentation of th	e debtor(s) in
Dat	ed:	January 21, 2	014			/s/ Gregory M.	Messer			
					_	Gregory M. Me Gregory Messe		)		
						26 Court Stree				
						Suite 2400 Brooklyn, NY 1				
						718 858-1474	Fax: 718 797-	5360		

## **United States Bankruptcy Court** Eastern District of New York

In re	Chana Pinson		Case No.	
		Debtor(s)	Chapter	7

# **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	January 21, 2014	/s/ Jacob Pinson	
		Jacob Pinson	
		Signature of Debtor	
Date:	January 21, 2014	/s/ Chana Pinson	
		Chana Pinson	
		Signature of Debtor	
Date:	January 21, 2014	/s/ Gregory M. Messer	
		Signature of Attorney	
		Gregory M. Messer GM-7539	
		Gregory Messer	
		26 Court Street	
		Suite 2400	
		Brooklyn, NY 11242	
		718 858-1474 Fax: 718 797-5360	

USBC-44 Rev. 9/17/98

ALBERT WILK D/B/A WILK REAL ESTATE 45 JOHN STREET, SUITE 711 NEW YORK, NY 10038

AMERICAN EXPRESS PO BOX 3001 16 GENERAL WARREN BLVD MALVERN, PA 19355

AMERICAS SERVICING CO P.O. BOX 10328 DES MOINES, IA 50306

BANK OF AMERICA PO BOX 982235 EL PASO, TX 79998

BANK OF AMERICA ATTENTION: RECOVERY DEPARTMENT 4161 PEIDMONT PKWY. GREENSBORO, NC 27410

CACH LLC/SQUARE TWO FINANCIAL ATTENTION: BANKRUPTCY 4340 SOUTH MONACO ST. 2ND FLOOR DENVER, CO 80237

CENTRAL CREDIT SERVICES POB 15118

JACKSONVILLE, FL 32239

CHASE P.O. BOX 15298 WILMINGTON, DE 19850

E.K. DEVELOPMENT, LLC BALLON STOLLBANDER & NADLER 729 SEVENTH AVENUE NEW YORK, NY 10019

EK DEVELOPMENT LLC 261 RIVER ROAD CLIFTON, NJ 07014

EMMONS AVENUE MANAGEMENT, LLC 1328 PRESIDENT STREET BROOKLYN, NY 11213

EMMONS AVENUE, LLC 1328 PRESIDENT STREET BROOKLYN, NY 11213

EMMONS SHEEPSHEAD BAY DEVELOPMENT, LLC 1328 PRESIDENT STREET BROOKLYN, NY 11213

FIA CARD SERVICE, N.A. C/O MULLOOLY, JEFFERY, ROONEY & FLYNN 6851 JERICHO TPKE STE 220 SYOSSET, NY 11791

FIA CARD SERVICES 655 PAPERMILL ROAD BROOKLYN, NY 11213

FORD MOTOR CREDIT CORPORATION FORD MOTOR CREDIT PO BOX 6275 DEARBORN, MI 48121

GECRB/BANANA REPUBLIC ATTENTION: BANKRUPTCY PO BOX 103104 ROSWELL, GA 30076

SDF 17 EMMONS, LLC C/O KRISS & FEARSTEIN 360 LEXINGTON AVENUE SUITE 1200 NEW YORK, NY 10017

STEVEN SISSKIND C/O JACK HASSID, ESQ. 460 PARK AVENUE 10TH FLOOR NEW YORK, NY 10022 B22A (Official Form 22A) (Chapter 7) (04/13)

In re	Jacob Pinson Chana Pinson	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
	(II KIIOWII)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

		Part II. CALCULATION OF N	<b>ION</b>	NTHLY INC	CON	ME FOR § 707(b)	(7) E	XCLUSION	I
		ital/filing status. Check the box that applies					ement	as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
		Married, not filing jointly, with declaration							
2		"My spouse and I are legally separated unde							
2		purpose of evading the requirements of § 70 for Lines 3-11.	/(b)(	2)(A) of the Ba	nkruj	ptcy Code." Complete	only c	olumn A ("De	btor's Income'')
		Married, not filing jointly, without the dec	larati	on of senarate l	201166	sholds set out in Line 2	h aho	ve Complete l	ooth Column A
		("Debtor's Income") and Column B ("Spo					.0 400	ve. complete k	oth column 1
		Married, filing jointly. Complete both Co		'Spou	se's Income'')	for Lines 3-11.			
		gures must reflect average monthly income						Column A	Column B
		dar months prior to filing the bankruptcy ca							
		ling. If the amount of monthly income varie			nths,	you must divide the		Debtor's Income	Spouse's Income
	six-m	nonth total by six, and enter the result on the	appr	opriate line.					Theome
3	Gros	s wages, salary, tips, bonuses, overtime, co	mmi	ssions.			\$		\$
	Incor	me from the operation of a business, profe	ssion	or farm. Subt	ract l	Line b from Line a and			
		the difference in the appropriate column(s)							
		ness, profession or farm, enter aggregate num							
4		nter a number less than zero. <b>Do not includ b as a deduction in Part V.</b>	e any	part of the bu	isines	ss expenses entered of	1		
•				Debtor		Spouse	1		
	a.	Gross receipts	\$			\$	1		
	b.	Ordinary and necessary business expenses	\$			\$			
	c.	Business income	Sι	btract Line b fr	om I	Line a	\$		\$
		and other real property income. Subtract							
	the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>								
5	part of the operating expenses entered on Line b as a deduction in Part V.						1		
3	a.	Gross receipts	\$	Debtor		Spouse \$	╢		
	b.	Ordinary and necessary operating expense				\$	<del>l</del> l		
	c.	Rent and other real property income	~ +	btract Line b fr	om I	ine a	\$		\$
6	Inter	rest, dividends, and royalties.					\$		\$
		<del>-</del>					+		
7		ion and retirement income.					\$		\$
		amounts paid by another person or entity,							
8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your								
	spouse if Column B is completed. Each regular payment should be reported in only one column;								
	if a payment is listed in Column A, do not report that payment in Column B.								\$
		nployment compensation. Enter the amoun							
		ever, if you contend that unemployment com							
9		fit under the Social Security Act, do not list but instead state the amount in the space be		nount of such c	omp	ensation in Column A			
			low.				1		
		mployment compensation claimed to benefit under the Social Security Act Debt	or \$		Spo	use \$	\$		\$
	_	continuation and social security rice		If	_		]		Ψ
		me from all other sources. Specify source a separate page. Do not include alimony or so							
		se if Column B is completed, but include a							
	main	tenance. Do not include any benefits receive	ed un	der the Social S	Secur	ity Act or payments			
10		ved as a victim of a war crime, crime against	hum	anity, or as a vi	ctim	of international or			
10	dome	estic terrorism.		Dol-t	Ī	Cmc	٦		
	  a		\$	Debtor		Spouse \$	-		
	a. b.		\$			\$	11		
		and enter on Line 10	1 4	1			٦		¢
			(L) (E	) A 11T' ^	41	10. 01	\$		\$
11		otal of Current Monthly Income for § 707 mn B is completed, add Lines 3 through 10 is					\$		\$

3

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	TION OF CURI	RENT	MONTHLY INCOM	<b>ME FOR § 707(b)</b> (2	2)
16 Enter the amount from Line 12.						\$
17						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 707	(b)(2). Subtract Line	17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. CA	LCULATION (	)F DI	EDUCTIONS FROM	INCOME	
	Subpart A: Ded	uctions under Star	ndard	s of the Internal Revenu	ne Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	Persons under 65 year		-2	Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons c1. Subtotal	1	a2. o2. c2.	Allowance per person Number of persons Subtotal		\$
20A	Local Standards: housing and util Utilities Standards; non-mortgage es available at www.usdoj.gov/ust/ or f the number that would currently be any additional dependents whom yo	ities; non-mortgage of expenses for the application the clerk of the ballowed as exemption	expens able co ankrup	es. Enter the amount of the unty and family size. (This tcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42  c. Net mortgage/rental expense	\$				
21	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  D D D 1 D 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42  c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a.					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,					

Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Fater total average monthly premiums that you actually pay for term increased by our other form of insurance.  Other Necessary Expenses: court-ordered payments. Finter the total monthly amount that you are required to purpose the payments on the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: calucation for employment or for a physically or mentally challenged child. Enter the deducation that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health nearence or health assings accounts its step in the actual of the actual average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings accounts insigh accounts listed in Line 19B. Do not include payments for health insurance or health assings accounts listed in Line 19B. Do not include payments for health insurance or intermet service - to the extent							
Iffe insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, such as retirement contributions, union dues, and uniform cos					
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  3 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health	27	ife insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for					
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  S  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  31  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  S  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a  Health Insurance	28	pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not					
Childcare - such as baby-sitting, day care, nursery and preschool, <b>Do not include other educational payments.</b> Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b> Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b> Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  A Health Insurance  b. Disability Insurance c. Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family V	29	or					
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.    Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.    33   Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.    Subpart B: Additional Living Expense Deductions	30		\$				
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$ Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$ Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.	31	nealth care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not</b>	\$				
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$	32	actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and					
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$	33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$				
a. Health Insurance b. Disability Insurance c. Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$	24	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your	1				
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	34	a. Health Insurance \$					
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$		b. Disability Insurance \$					
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$		c. Health Savings Account \$	\$				
below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$		Fotal and enter on Line 34.					
expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$		pelow:	ce				
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	35	expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such					
West and the first of the first	36						
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your catrustee with documentation of your actual expenses, and you must demonstrate that the additional amount					
Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	38	actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	\$				

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					\$	
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40					\$	
			Subpart C: Deductions for I	Debt	Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	a.	Name of Creditor	Property Securing the Debt	\$	Average Monthly Payment	Does payment include taxes or insurance?  □yes □no	
	a.				Total: Add Lines	шуеs шпо	\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor  Property Securing the Debt  1/60th of the Cure Amount						
	a.				\$ T	otal: Add Lines	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. b.	Current multiplier for you issued by the Executive information is available the bankruptcy court.)	our district as determined under schedules Office for United States Trustees. (This at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of istrative expense of chapter 13 case	of x	otal: Multiply Line	es a and b	\$
46	Tota	l Deductions for Debt Pay	ment. Enter the total of Lines 42 through	45.			\$
			Subpart D: Total Deductions	froi	n Income		
47	Tota	l of all deductions allowed	under § 707(b)(2). Enter the total of Lin	ies 33,	41, and 46.		\$
		Part V	I. DETERMINATION OF § 707	<b>7(b)</b> (2	2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18	3 (Current monthly income for § 707(b)	(2))			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					\$	
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

	Initial presumption determination. Check the applicable box and proceed as directed.							
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.							
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).							
53	Enter the amount of your total non-priority unsecured debt	\$						
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$						
55	Secondary presumption determination. Check the applicable box and proceed as directed.							
	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.							
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
Part VII. ADDITIONAL EXPENSE CLAIMS								
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
		Monthly Amount						
	a.	_						
	c. \$							
	d. \$							
	Total: Add Lines a, b, c, and d \$							
	Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors							
57	must sign.)  Date: January 21, 2014 Signature: /s/ Jacob Pinson							
	Jacob Pinson							
	(Debtor)							
	Date: January 21, 2014 Signature /s/ Chana Pinson							
	Chana Pinson (Joint Debtor, if any							
	(Joint Devior, i) an	· y j						

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.